Tragic Visions, Maddening Worry

An investigation into the worldview and social position of caregivers

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Tiivistelmä – Referat – Abstract

This master's thesis concerns the situation of caregivers with a family member diagnosed with one or more mental disorders or illnesses. Research material was gathered for the purpose of the thesis primarily through participant observation and secondarily through loosely structured interviews. The gathering of the research material took place in conjunction with a peer support group meeting for caregivers. The analysis conducted within the thesis is based on the work of the sociologist Lucien Goldmann and that of the scholar of literature Richard Halpern and could be characterized as an inquiry into the presuppositions determining the outlook of caregivers as a group within the wider context of society. In the course of this analysis the work of Michel Foucault is also discussed, with the position argued for in the thesis being partially compatible with his engagement with the subject of madness. The thesis also draws on examples taken from the study of literature and drama to develop its argument.

While the thesis is concerned mainly with giving a broad picture of the quandaries faced by caregivers in contemporary society it takes as its point of departure the accounts given by the caregivers themselves, this called for an approach that was capable of teasing out the basic conditions determining or enabling the outlook or worldview of this group. As the thesis is mainly concerned with the more difficult, contradictory and fraught aspects of the situation caregivers find themselves in it was also necessary to perform an in-depth analysis of such concepts as those of tragedy, death and madness in order for me to be able to explore the aforementioned issues. The aim of the thesis is to offer an outline of certain difficulties faced by sociologists interested in the themes of madness, intelligibility, action and meaning. As such it constitutes more of an overview of the challenges faced by anyone interested in the subjects in question, it should not be read as offering any concrete conclusions.

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1. Introduction

When a person is deemed mad by those around them it must necessarily change their social situation on a fundamental level. But this event must surely also be one that fundamentally alters the lives of those closest to the one afflicted, any change in a social relationship will after all have to be reciprocal in some way. The subject of this thesis is the social situation of these close kin, more specifically the family members of those diagnosed with mental illnesses or disorders. This group, which I will term "caregivers" within this thesis, will be examined from the point of view of how it relates to the society within which it exists and which thus also determines the form it takes. To be more specific, the purpose of this thesis is to attempt to put the situation these caregivers are faced with into its wider social context and to moreover do this in a way that accounts for the contradictions and seemingly irreconcilable quandaries caused by these difficult circumstances.

It is therefore perhaps best to first give a brief overview of the position these caregivers find themselves in. Within the context of this thesis caregivers are conceptualized as being people who find themselves in a situation where one or more close kin have been diagnosed with a mental illness or disorder sufficiently severe that the caregiver in question has seen it as being necessary to care for their afflicted kin in a capacity that has, in its turn, led to these caregivers seeking out others finding themselves in the same situation in order to better cope with the difficulties they face. A more thorough presentation of the circumstances caregivers find themselves is given in the research material section of the thesis.

This thesis takes as its primary research site the meetings held by a peer support group for caregivers of people diagnosed with mental illnesses or disorders, from this it follows that the caregivers that serve as the subject of this thesis are ones that themselves sought out this kind of peer support; it is of course necessary to point out here that the research subjects of this thesis are in fact only a particular, self-selected subset of caregivers in general. It also needs to be pointed out in advance that, while the group meetings are of course facilitated by a caregiver's association, the purpose of the thesis is not to analyze the kind of work an association like this does, nor is it to give an account of the social context or function of these associations. At the same time I will note that it is perhaps not possible to completely sideline these issues here, as we will see in the discussion section of the thesis. Neither is the objective of this thesis to give an in-depth study of the social dynamics of the peer support group meetings themselves, although this aspect will be discussed further in the section dealing with the research material of the thesis. The primary purpose of the thesis is rather to try to isolate some of the social basis that determines the form of the situation caregivers face as a social group and, ultimately, to attempt to place it within the broader social totality of contemporary society.

The research material gathered for the thesis was acquired through methods that could be broadly described as ethnographical in nature, more specifically through participant observation and through semi-structured interviews, with the participant observation serving as the main source of research material and the interviews serving as a means to complement the findings gathered through observation. The research material consists of notes taken in conjunction with the aforementioned participant observation which was

performed in connection with a peer support group for family members of people diagnosed with mental health disorders situated in a larger urban center within Finland. The analysis of the research material is based on the approach staked out by the sociologist Lucien Goldmann in his work *the Hidden God* (1970) and on the more recent work of Richard Halpern who, I will argue, could be seen as having developed a modernized version of this same approach even as his work does not directly engage with that of Goldmann.

While the work of Michel Foucault is engaged with at length in the thesis and while there could be perhaps be said to be a some similarities between the approach I have taken here and Foucault's genealogical approach (e.g., Halpern, 1991, pp. 1 – 15), as we will see later on in the thesis, the main thrust of the thesis relies on a theoretical frameworks derived from Marxist and marxisant theory, primarily that of the aforementioned Goldmann and Halpern. To a lesser extent this thesis will also engage with the work of Judith Butler, György Lukács and with the thought of Adam Ferguson by way of the sociologists Samantha Ashenden and Lisa Hill, as well as with various other scholars engaging with either subjects or theoretical traditions relevant for this thesis. The approach taken in this thesis requires a somewhat in-depth engagement with various concepts, primarily those of madness and tragedy, that need to be thoroughly defined and contextualized in order to avoid succumbing to hopeless levels of abstraction, necessitating a large portion of the thesis to be set aside for this purpose. While the thesis thus opts for a mode of analysis not particularly closely associated to that of ethnography there is at least one significant similarity that remains, namely that the goal of the thesis is to give an account of the way that the caregivers themselves

perceive their the situation they find themselves in, more specifically to give as clear as possible picture of what a coherent outlook shared by caregivers would have to look like given their social position. The main argument of this thesis is that this outlook will in significant part be characterized by something like what Goldmann (1970) terms a tragic vision, as we will see in further on in the thesis.

2. Prior Research

Within this section of the thesis I will give an overview of research examining the situation of caregivers, focusing on the Finnish context. To avoid repeating myself I will leave the presentation of issues relating to the other more theoretically derived central subjects of the thesis, such as those of tragedy, madness and the role of family within society in a broader sense, to the theoretical framework section of the thesis. To understand these later discussions a brief outline of prior research into the social position of caregivers is necessary.

While the point of view of caregivers is not one that has traditionally been accorded pride of place (e.g., Maanmieli, 2019, p. 182) the importance of taking the families of those diagnosed with mental disorders into account is hardly a particularly recent insight within Finnish psychiatric care, with research acknowledging the importance of supporting these families has been published here at least as early as 1971 (Anttinen, Eloranta & Stenij, 1971). More thorough research on the utility of family-centered approaches has been conducted since then, for example by Juha Holma (1999) who argues for the need of practices that account for the families and social contexts of rehabilitees if psychiatric interventions are to be efficacious. Eija Stengård

(2005) comes to largely similar conclusions as Holma in her study about the needs and burdens of caregivers with a family member diagnosed with schizophrenia, noting especially that failure to support caregivers in the troubles they face in dealing with their situation is likely to lead to their overall well-being suffering as a consequence (Ibid., pp. 114 – 115).

To some limited extent this call for recognizing the needs of caregivers within psychiatric care has been answered, with the families of people diagnosed with psychiatric disorders being mentioned in the *Käypä hoito* recommendations for care (eg., Käypä hoito -suositus, Kaksisuuntainen mielialahäiriö, 2013). However, seeing as it was a recurring theme during the peer support meetings I observed that the caregivers expressed that they saw themselves as neglected, ignored and sometimes even blamed by healthcare professionals it would appear as if there are still significant conflicts at play in the interaction between family members and healthcare professionals. For the purposes of this thesis the main focus will thus be on the points of conflict and on the contradictory aspects of the situation of the caregiver and not so much on development within psychiatric care as such, both for the reason that the research material gathered for the thesis features a preponderance of accounts of these kinds of sentiments, as we will see, but also for the reason that the primary subject of the thesis is not psychiatric practice in itself. As a brief aside on this point I will note that it appeared to be a shared sentiment among both caregivers and people working with the association facilitating the peer support group meetings that I spoke to that the stance taken by mental healthcare professionals towards family members of patients had improved somewhat throughout the years but that significant hurdles remained if the situation faced by the caregivers was to improve in a fundamental way. This

would seem to dovetail with the analysis conducted by Karoliina Maanmieli (2019) on the subject of patients' and caregivers' accounts of their experience with psychiatric care. Maanmieli (Ibid.) writes about how caregivers express feeling both burdened and shamed by their experiences as family members of people diagnosed with mental disorders, potentially leading to negative consequences for all involved.

Kaisa Ketokivi and Mianna Meskus (2015) analyze the subject of families thrown into disorder by disruptive events and the corresponding need to rely on different peer support networks, doing so by focusing on the fraught notion of agency. While the subjects of peer support and families dealing with hardships is of course relevant to this thesis as subject matters the concept of agency is also interesting here as I will explain. Ketokivi and Meskus (2015, p. 2) point out that the framework of structure versus agency remains in itself an abstract framework, not helped by the fact that the twin concepts of agency and structure often remain under-theorized and vague. The authors go on to describe their aim as being to study the issue of agency through a focus on how acts and actors are mediated by different "enabling and constraining structures" (Ibid.), framing this as an attempt to bring to light certain of the contradictions inherent in the concept.

What is interesting here, from the point of view of this thesis, is however not the pursuit of an improved notion of structure and agency but rather the attention given to what happens when the limits of these concepts become apparent. The objective for me will be to attempt to put forward an explanation for why action has come to been seen as simultaneously impossible yet impossible to dispense with, what Ketokivi and Meskus

describe as "the co-existing impossibility and immanent presence of individual agency" (Ibid., p. 11). Within this thesis I will try to develop this theme by investigating the contradictory and ever elusive notion of what I here will term not agency but rather action, following the example of Halpern (2017). But in order to properly understand what is meant by the concept of action here it is necessary to first understand how Halpern understands the closely related concept of tragedy, which I will in turn first introduce by examining how this concept was conceived of in the earlier work of Goldmann (1970).

3. Theoretical Framework

3.1. The tragic vision – Lucien Goldmann

The concept of tragedy is the focus of Lucien Goldmann's book *the Hidden God* (1970). In the book Goldmann (Ibid.) explores the worldview manifested in Blaise Pascal's *Pensées* and within Jean Racine's tragedies and how these have their social basis in the Jansenist religious movement and in the social group of the *noblesse de robe* in 17th century France. Goldmann's method hinges on explicating the relationship between the social position of this group and the worldview it professes, in this case described as constituting a "tragic vision" (Ibid., p. 22). These kinds of worldviews or outlooks are according to Goldmann always constituted as a "meaningful structure" (Goldmann, 1980, p. 100), meaning that it is possible to locate an internal coherence within them. In seeking the coherence of the outlook we are interested in we are able to see how this particular outlook is homologous to a particular corresponding social formation (Schoenberg, 1985, pp. 210 – 212), which in turn has to be understood if we are to fully make sense of the outlook in question.

In order for this kind of worldview to begin to grasp the totality of the world that it exists within the worldview in question would have to be one belonging to what Goldmann, following standard Marxist terminology, terms a social class (Goldmann, 1970, pp. 16 – 17). At this point it is necessary to point out that the caregivers studied in this thesis are a not constituted as a social class based on their relation to the productive forces of society or on their relation to the state as such, unlike the *noblesse de robe* who had a quite specific position in regard to the state of their time (Goldmann, 1970, pp. 118 – 120). This is important to bring up because according to Goldmann's Marxian typology of classes a class is characterized by its position within production and by its relationship to other classes, with the worldview of classes being based on these two factors (Goldmann, 1969, pp. 102 – 103). This means that if one wants to truly understand a group's worldview one has to examine its position within society. This is also the case in relation to what Goldmann (Ibid.) terms social groups, meaning sections of society that are not primarily defined by their immediate relation to the sphere of production.

What characterizes the caregivers as a social group, their uniting social characteristic in other words, is rather the fact that they have found themselves in a situation where they are compelled to care for a family member who has been diagnosed with a mental illness or disorder. If we follow Goldmann's terminology caregivers would thus be classified as a social group, not as a class since their interests are not directed toward the social-economical structure as a whole (Ibid., p. 17). Goldmann argues that as a result of this groups, as opposed to classes, only possess partial worldviews or ideologies and not totalizing and all-encompassing worldviews (Goldmann, 1969, pp. 102 – 103). Whatever the case may be, Goldmann portrays the task of the researcher as

going far beyond giving an abstract account of particular worldviews, to truly succeed it would be necessary to also thoroughly study "the concrete expressions which these visions assume in the everyday world" (Goldmann, 1970, p. 19).

The importance of studying the internal limits of the worldview, its inability to give a wholly consistent and unambiguous account of its social-historical context, is also emphasized by Goldmann, who goes on to note that merely charting out these limits is insufficient on its own, the researcher must tackle these inconsistencies as "problems which he must solve" (Ibid.). What this means for us when applied to the question of the caregivers is that an attempt has to be made to explain the contradictions that crop up when we examine the outlook of this group closer, merely noting that contradictions exist will not be enough. I will later on examine how these contradictions can be understood as being located in the conflict arising between competing ethical claims put forth by the spheres of the family, the state and civil society.

But what characterizes tragedy in Goldmann's conception of it? It will be necessary for me to attempt to answer that question briefly here. The tragedy Goldmann writes of is in its most stripped-down form characterized by "a refusal of the world from within the world" (Ibid., p. 53), it involves adhering to an absolutely coherent way of being in the world that inevitably turn out to be incompatible with the world the tragic character finds themselves in. The unambiguous and unrelenting adherence required by tragedy forces the tragic character to hold on to values that are irreconcilable with the sordid state of the world as it exists, meaning that this refusal is a refusal of the world of the

living, it is incompatible with life as actually lived in the prosaic world of the everyday (Ibid., pp. 80 – 86).

But while tragedy in Goldmann's conception of it, as in every conception of it used in this thesis, thus requires that the tragic character or characters in some way leave the world of the living this does not necessarily mean that they have to end up dying within the tragic work (e.g., Ibid., p. 337). What is interesting from the point of view of this thesis is the fact that Goldmann argues that, for Racine, death does not have to come in the form of death either, it can assume the form of madness as it does for Orestes in the play *Andromaque* (Ibid., p. 327), a play that I want to note certainly broaches the topical subject of difficult family situations in addition to dealing with the subject of madness. This identification of madness with death will be relevant later on in the thesis, as we will see when discussing Ferit Güven's and Foucault's analysis of this issue.

But to return to the issue of Racine and *Andromaque* for the time being I want to briefly bring attention to the fact that Foucault also analyses this play, specifically in his *History of Madness*, arguing that it serves to illustrate an important shift occurring in the way madness was conceived of at the time of its writing (Foucault, Khalfa & Murphy, 2006b). This will be elaborated on in the discussion section of the thesis, but before we are able to do that it will be necessary to examine certain aspects of Foucault's approach to madness itself.

3.2. Madness and intelligibility – Michel Foucault

In an interview conducted in 1984 Foucault saw it necessary to emphasize that, contrary to what some of his readers had concluded, he did not in fact

claim "that madness does not exist" (Foucault & Lotringer, 1996, p. 446) but that the issue he was interested in was rather that of examining how the experience of madness had been subsumed under the rubric of mental illness at a given time and place by the institutions of an emerging field of psychiatry (Ibid.). Thus he positions himself as an examiner or interrogator of psychiatry rather than as a seeker of some pre-existing, pre-psychiatric madness.

Jacques Lagrange (Foucault, M., Burchell, G., & Lagrange, J., 2006, p. 349 – 363) however argues in his commentary on Foucault's lectures on psychiatric power that this had not always been the case. According to Lagrange there had in fact occurred a shift in the way Foucault approached the question of madness between the time he wrote *History of Madness* and by the time he gave these lectures. Lagrange cites the foreword to the original french edition of *History of Madness* where Foucault describes the goal of this work as being to write a history "of madness itself, in its vivacity, before all capture by knowledge" (Ibid., p. 349), which seems to imply that Foucault as of the time of the writing of *History of Madness* saw this raw state of madness as something that could be brought to light and comprehended on its own terms. However, there are reasons to doubt this conclusion. The fact that Foucault never sought to deny the existence of madness as an experience is something he reiterated several times in fact, as pointed out by Matti Peltonen (2004, pp. 206 – 214) who goes on to note that the view, all too common within the social sciences, of Foucault as some sort of "extreme advocate for social constructivism" (Ibid., p. 209) where everything can be reduced to discourses without any underlying basis being necessary is not compatible with how he himself conceived of his work.

In her book describing the mental asylum on the island of Själö and the treatment of the women committed there Jutta Ahlbeck-Rehn (2006) also broaches the above-mentioned subject, that is, the feasibility of letting madness tell the truth about itself. Writing about *History of Madness* Ahlbeck-Rehn notes that while it is true that Foucault attests to wanting to let madness speak for itself and about wanting to uncover its essence he also saw that the only intelligible things madness could say would have to be spoken in the language of reason, that it could only make itself understood by way of reason (Ibid., pp. 316). As Ahlbeck-Rehn goes on to note, referring to the same preface Lagrange is basing his claims on, the impossibility of bringing an unmediated madness to light is one of the most central themes present in *History of Madness* (Ibid., p. 317). Coming to a similar conclusion as Ahlbeck-Rehn, Blanchot argues that if Foucault ever thought there might be "a depth to madness, that it constitutes a fundamental experience situated outside history" (Foucault & Blanchot, 1987, p. 67), then this must have been at most a beneficial mistake for him, teaching him to be wary of the idea of hidden depths holding closed-off truths.

But even if Foucault did end up disavowing this sort of dallying with the arational this does not remove certain formal difficulties arising from the relationship between reason and nonreason. Butler describes Foucault as being acutely aware of the fact that any criticism or interrogation of reason inevitably risks being conceptualized by the reason in question as irrationality, with the only way of evading this risk being to accede and ascribe to the reason in question (Butler, 2005, pp. 118 – 119). This of course is very much relevant for the problem at hand, namely to the question of the relation between madness and reason, where even the capacity of the mad to say

anything at all about their madness is dependent on the reason that fundamentally puts into question their access to any kind of reason (Ibid., p. 124). Any questioning of this reason would thus in some way risk being associated with madness itself and anything said by those deemed mad would risk being reabsorbed into the reason that makes their accounts intelligible. As Güven puts it, "one cannot correct this situation by trying to give a voice to madness, because madness would thereby become something other, something rational" (Güven, 2005, p. 3).

Güven (Ibid., pp. 8 – 10) also argues that the concept of madness understood from the point of view of philosophy should not be seen as reducible to the psychiatric understanding of mental illness and that the quandaries of madness and death are in fact fundamental questions for modern philosophy. With this in mind, I primarily write about "madness" and not e.g. "mental illness" in this thesis, since much like for Güven (Ibid., p. 8), my approach to the issue of madness differs from that of psychiatric medicine. More specifically, the term "madness" is used for this phenomenon, this experience of derangement, to the extent that it remains understood not through the framework of psychiatric knowledge but rather through another form of meaningful structure. In the context of this thesis this would of course primarily refer to the form of understanding caregivers have of the issue of madness but I am of course also drawing on various conceptions of madness developed by a somewhat eclectic bunch of sociologists, philosophers, literary critics and others in my analysis off the outlook of the aforementioned caregivers. While speaking of the afflicted family members of the caregivers studied in this thesis I will speak of them as people diagnosed with mental illnesses or disorders only in so far as their situation is discussed form the

point of view of the aforementioned psychiatric framework, for example when the fact that they have received a diagnosis becomes relevant, the rest of the time I will instead write of madness.

Having now discussed why the interpretation that Foucault in his *History of Madness* would have envisaged madness as being reachable in a pure state appears to be somewhat tenuous this does not however mean that there are no changes in the way he made his inquiries regarding madness during this time, as compared to the approach his later work would take. As the aim of this thesis is not to review the changes in Foucault's oeuvre throughout his career I will limit myself here to noting that in this thesis I am mainly interested in how he tackled these issues in his earlier work, primarily in *the History of Madness* (Foucault et al., 2006b) and in his lecture series on psychiatric power (Foucault, Burchell & Lagrange, 2006).

3.2.1. On the necessity of conceptual clarification

At this point it is probably reasonable to ask why I have seen it as being necessary to write at length about the way Foucault understood madness. The answer I would give to on this question is that the form of the thesis requires a thorough exposition of the central concepts used; if I am to attempt to lay the groundwork for the kind of thorough investigation Goldmann claims is necessary to move beyond a uselessly abstract understanding of the issues at hand then a minimal first step would have to be to "isolate the object to be studied" (Goldmann, 1980, p. 63), as he puts it. This is what I have attempted to do in the previous sections, in this case with regard to the concepts of tragedy and madness. In the following chapters I will do the same thing for other central concepts, namely those of family, state and civil society. At this

point I want to point out that because of the approach taken within the thesis the tasks of laying out the theoretical framework and that of defining of terms used cannot really be separated from the actual discussion of my findings, therefore requiring me to go back and forth between discussing the concepts and discussing the research material. As Goldmann (Ibid., pp. 69 – 70) explains, one must resort to concepts to make sense of isolated empirical data, but to find out if one's concepts are up to the task one also has to investigate how these concepts have come to be composed in the first place, which in turn requires investigating their social basis.

While the subject matter of this thesis will not be those deemed mad themselves but instead the members of their families I believe that the above clarification of terms regarding the experience of madness will prove to be necessary since, while granting that the thesis will not tackle the question of the experience of madness head-on, it deals with a group that more often than not will see far more of the consequences of madness than any other group of people save for those themselves deemed mad. As one caregiver put it to me in a conversation, while a psychiatrist might spend much of their workday meeting people diagnosed with mental disorders individually they will still only meet these people for sessions lasting perhaps just half an hour each, the family members of these same persons will on the contrary often spend much of their waking hours in their company, caring for them or otherwise spending time with them during the course of their daily lives.

In addition I want to here point out that any kind of communicable, direct experience of madness is an impossibility from the outset within the conceptual framework of this thesis; while caregivers may not have any direct

experience of madness it could be argued that neither have those deemed mad themselves, save for fleeting and unrecuperable moments, e.g. psychosis. It is worth remembering that Foucault sees the situation of the "man of madness" (Foucault et al., 2006b, p. xxviii) as one cut of from communication except by resorting to "a reason that is no less abstract" (Ibid.) than the abstraction that is the pathologizing framework of psychiatry. Here it is also necessary to note that while Foucault mainly wanted to examine how the split between madness and reason was put in place, what I will attempt to do on the other hand is something not quite the same, yet not entirely different, namely try to elucidate how caregivers have come to navigate and understand this unclear but absolute border.

3.3. Tragedy and the crisis of action – Richard Halpern

While Halpern (2017) is just as much as Goldmann engaged in analyzing tragedy through a Marxist approach there are still some differences in approach. While Goldmann (1970) sought to understand tragedy as a meaningful structure connected to a discrete social basis Halpern (2017, p. 8) is instead interested in tragedy mainly, but not exclusively, by dint of its what it enables us to know about action. Writing about how tragedy enables us to examine action and its "conditions of possibility and of intelligibility, its efficacy and constraints, its fraught relation to production" (Halpern, 2017, p. 8) Halpern likens tragedy to philosophy in its enabling of meaning-making and interpretation. Action here therefore means meaningful and intelligible actions (Ibid.).

But here it becomes necessary to point out that Halpern sees action undergoing a crisis of sorts, with a concomitant crisis occurring within

tragedy. Much like Goldmann (1970), who saw tragic greatness as incompatible with everyday life, Halpern sees action as having been undermined by something which for marxisant writers must be a more fundamental part of our world, namely the sphere of production (Halpern, 2017, pp. 255 – 260). As I will discuss later on in the thesis this development has been observed within the social or political sciences in some ways since at least the days of Adam Smith and Adam Ferguson and is associated by Halpern with the development of civil society and capitalism (Ibid., pp. 29 – 74). What Halpern (Ibid.) is attempting to do by examining the uncertain continued possibility of tragic drama is thus not reducible to the field of the theatrical arts but rather extends into charting the extent to which action is meaningfully possible at all in our time, doing this through engaging with the work of various various tragedians but also with the work of theorists like the aforementioned political economist Ferguson who will be discussed further on in this thesis. I thus hold that tragedy as it is understood in this thesis has broad applicability, going far beyond the social-historical context to which Goldmann saw it as being confined. Even if I would agree with him and with Halpern that its preconditions appear to be disappearing I will argue that the concept still has valence and that it may well be that it is impossible to completely do away with the concept of tragedy for the time being, as we will see.

While Halpern analyzes a certain concept of action it must also be noted that this conception of action has very little in common with the aforementioned concept of the "capable actor" criticized by Ketokivi and Meskus (2015), who point out that far from standing for a possibility of transcending the currently existing social-historical arrangement this conception of action rather ends up

serving as a standard for how well a given actor measures up to the expectations of agency that hold true under that very same arrangement (Ibid., p. 3). Halpern's conceptualization of action is directly opposed to this kind of acquiescence to the reproduction of currently existing society, focusing on the role of capitalist society in bringing about this "crisis of action" (Halpern, 2017, pp. 2 – 3) in the first place. Basing his inquiry on a Marxist analysis, Halpern sets out to examine how the sphere of economy and of production demarcate which forms noneconomical processes within a given society can assume (Halpern, 1991, pp. 13 – 15).

While Halpern is not arguing that economical factors completely determine noneconomical factors he still holds that it is "clear that the economic plays the leading role" (Ibid., p. 15). Needless to say this stance places his project in close proximity to Goldmann's aforementioned project in *the Hidden God*, which is of course no surprise considering their shared Marxist point of departure. Another point of affinity is their shared interest in the subject of theater and drama, but since that is not the central subject of this thesis I will limit my explication of their analysis of these matters to examples relevant for the situation of caregivers. The similarities between these two writers are not however limited to the affinity they share when it comes to the questions method and of subject studied; Goldmann and Halpern also come to somewhat similar conclusions regarding the meaning of tragedy and its relationship to the productive forces within society. According to Goldmann's typology of worldviews the tragic vision has been superseded by the dialectical worldview, by which he means a worldview built on the insights offered by Hegel, Marx and those who draw on them (e.g., Goldmann, 1970, pp. 214 – 219; Schoenberg, 1985, pp. 209 – 210), meaning that the social-

historical basis of a tragic outlook is eroding. I would argue that this has obvious similarities to the conclusions drawn by Halpern (2017) when it comes to the diminishing leeway afforded to meaningful action, as I will elaborate further on in the discussion portion of the thesis.

I also want to point out that Halpern (1991, pp. 11 – 15) himself positions his project as being to some extent a response to the kind of genealogical inquiry undertaken by Foucault. Halpern (Ibid., pp. 10 – 13) argues that while Foucault himself was indebted to Marxist approaches in his work his attempts to move away from the reliance on economical factors as the fundamental explaining factor of processes within society, with Foucault seemingly wanting to accord noneconomic social processes an amount of autonomy that, according to Halpern, threatens to make the internal coherence of the relation between different spheres within society impossible to tease out. This would in turn lead to any account of how new social processes or formations emerge lacking a coherent foundation, necessarily making any such account an abstract one (Ibid.). On this point I will agree with Halpern, which in the context of this thesis means that I will attempt to analyze the situation facing the caregivers from the point of view of its position within the broader context of society, especially with regard to how economical forces have come to indirectly delimit the courses of action available to caregivers, as they have come to limit action in general for Halpern. This is of course also largely the same approach taken by Goldmann in his inquiry, as I have discussed earlier in the thesis.

But if Halpern and those who arrive at the same conclusion as him are right about the diminishing interpretive and meaning-making potentials of the

concept of action then should we not simply dispense with the concept altogether? Maybe one day, but for the present I would argue that we will find that we will be unable to do so without cutting ourselves off from certain unique points of inquiry. This is the conclusion that several of the writers previously cited in this thesis have arrived at in regard to this question, Ketokivi and Meskus writing that being able to take action is at least at the level of a principle still clearly valued within contemporary society, even if "individual autonomy may be empirically groundless" (Ketokivi & Meskus, 2015, p. 10) as they put it. With regard to the situation of the caregivers studied in this thesis I will however follow the example of Halpern in treating the question of action and of tragedy as mainly a question of the continued possibility and intelligibility of meaningful action.

3.4. The eclipse of subjectivity – Judith Butler

As I have explained in the previous section of the thesis I hold that the question of meaningful action is one that is necessary to engage with if we are to understand why caregivers feel so at a loss in regard to their family situation. It would perhaps seem sensible that meaningful action would require a subject capable of carrying out said actions. But if meaningful action is less and less possible then what of the subject? If we follow Butler (2005) on this issue it would appear as if the subject is caught in a crisis just as much as action is. But how does the realm of the ethical live on, as it appears to still do for the caregivers, if the acting subject has been sidelined? Butler puts forth an argument for how this is possible, arguing that even as subjects have to be seen as to some extent "divided, ungrounded, or incoherent" (Butler, 2005, p. 19) this view of subjectivity does not preclude the possibility of ethics or of socially situated responsibilities. The crux here is, according to Butler, to

realize that subjects are necessarily relational beings, that precisely because the subject is opaque to itself and somehow lacking it seeks out and is dependent on these relations to others like itself (Ibid., pp. 19 – 20).

Building on the arguments of Adorno and Foucault, Butler (Ibid., pp. 110 – 111) portrays the issue to be solved as being not so much the feasibility of grounding ethics in the subject, which is largely discounted out of hand, much as it is in the approaches of other theorists drawn upon in this thesis such as in the works of Halpern (1991; 2017) and Blanchot (e.g., Blanchot & Foucault, 1987). Rather, Butler chooses to frame the continued, if more and more hemmed in, existence of the subject as being "a problem *for* ethics" (Ibid., p. 110, italics in original). This problem is one that is would argue is relevant if one is to understand the flip side to the fading away of action and the subject, namely the question of why caregivers still assert a responsibility to act, a responsibility that is framed by them as being beyond questioning and inconceivable not to act upon. While it would perhaps be intuitive to attempt view caregivers as subjects or perhaps as together constituting a collective subject (e.g., Goldmann, 1980, pp. 55 – 62) I would argue with the above discussion in mind that we are probably better of seeing caregivers as constituting a social position within broader society.

It is important to also note that the absence of an unambiguous subject has never in itself precluded tragic action. As Vernant describes it, writing on the subject of Greek tragedy and on the separation of the world of men from that of the gods, tragedy occurs in a liminal zone where acts become meaningful when integrated into "an order that is beyond man and eludes him" (Vernant & Vidal-Naquet, 1988, p. 47). According to Butler (2005, pp.

24 – 26) the mere fact that I struggle to recognize another exposes the limits of currently existing norms, revealing the constraints inherent in contemporary "regimes of truth" (Ibid.), to use the Foucauldian terminology used by Butler here.

But what is it that enables ethical frameworks at all here if the subject is discounted? As Butler puts it, if one proceeds from ethics and from asking how one ought to behave in relation to another one has already become entangled, has become "caught up in a realm of social normativity" (Butler, 2005, p. 25), it is not conceptually possible to have presocial social relations to another after all. This however seems to destabilize the realm of the ethical even further, if ethical relation is not presocial it must always be dependent on something external to ethics. For Butler (2005, p. 35), as for the many Marxist critics cited in this thesis, this externality is the social-historical situation. The norms by which I express myself are not my own, they exist as historically situated temporary circumstances, the self is not capable of being conceptualized without them but they themselves are indifferent to any given self (Butler, 2005, p. 35). To make our narratives understandable, we are forced to make ourselves substitutable for anyone else, to explain who we are we have to rely on the existence of happenings that have preceded us and that still are to some extent outside our grasp (Butler, 2005, p. 37). Our accounts about ourselves are surely secondhand.

3.5. Civil society, for better or for worse – Adam Ferguson

It is one thing to assert that the concepts of the subject and of action have become more and more questioned, if not questionable. But what social institutions and what social processes are the site where this development

takes place, where is the development discussed in the preceding sections of the thesis occurring? And where would we locate the caregivers as a social group in relation to these institutions? If we agree with Goldmann (1980) that refraining from trying to answer these questions would be to let the experience of the caregivers remain untethered from its wider context then it appears as if this would have to be our next task here in this thesis. Following once again the example of Halpern (2017, pp. 53 – 74) I will give an account of how our understanding of this question hinges on observations first made by Adam Ferguson in his examination of what he termed civil society.

While Ferguson is, as we will see, very much so concerned with issues closely related to the crisis of action this did not mean that he envisioned society coming to a standstill. On the contrary he viewed society as existing in a constant state of conflict brought on by developments within civil society, more specifically by developments in those spheres of it dealing with the concerns of economics and production, causing it to develop throughout history with little to no regard for the actual intentions of its inhabitants (Hill, 2001).

This aspect of Ferguson is also discussed by Foucault (2008) in his *Birth of Biopolitics* course, where Foucault focuses mainly on the originality of Ferguson's conceptualization of civil society. For Ferguson, Foucault (2008, pp. 306 – 307) explains, the economy is included within civil society, with commercial society arising within civil society as a consequence of the blind self-interest of individual people over time taking on definite forms. But commercial society has a special significance for Ferguson according to Foucault, with it constituting "the motor of history in civil society" (Ibid., p.

307), ensuring that civil society is constantly in a state of transformation and thus always historically contingent. As noted by Samantha Ashenden (2015), Foucault was clearly cognizant of the originality of the way the approach taken by Ferguson and other members of the Scottish Enlightenment "produced a newly historicized conception of society" (Ibid., p. 37), a conception that would later come to be important for theorists who would use it to arrive at radically different conclusion, as I will attempt to show.

But it is necessary to point out that this is not the only way in which the subject of history is relevant here. As Foucault (2008, pp. 307 – 308) notes, the production of history within civil society is here identified as the production of history in general, the constant self-transformation of civil society is for Ferguson what enables the "never-ending generation of history" (Ibid., p. 308), leading in turn to a never-ending rearranging of every other sphere of society. Commercial society will for as long as it exists give rise to new history, for civil society nothing will be static and neither will, crucially for the subject of this thesis, the situation of the family or the state. After all, if we are to understand the standpoint of the caregivers as being more or less determined by social-historical circumstances then surely we have to attempt to theorize why these circumstances have come to be and how they might eventually one day cease to be.

Ferguson's continued relevance for sociology has been argued for by Lisa Hill (2001), who concurs with Foucault's above analysis of Ferguson's conception of civil society as the driving force behind social change in societies where it exists (Ibid., pp. 295 – 296). Hill notes that social conflict, which she sees as being part of civil society since its inception, in the way it is theorized by

Ferguson bears a striking similarity to later Marxist conceptions of it (Ibid.). This is certainly the case with respect to the marxisant scholars cited in this thesis, who clearly see civil society, and more specifically the economical aspects of it, as the driver behind the crises of action and tragedy they describe in their respective works. It should also be mentioned here that the influence of Ferguson is one that is very much so acknowledged by Marx himself. In a passage presaging the aforesaid debate about the domination of commercial society over other parts of society Marx writes that the "division of labour seizes upon, not only the economic, but every other sphere of society" (Marx, 1976, p. 474), noting that Ferguson had foreseen this development when he wrote that with the emergence of commercial society there was a real risk that "We make a nation of Helots, and have no free citizens" (Ferguson, 1767, p. 285, as cited in Marx, 1976, p. 474).

Foucault is of course also aware of the influence Ferguson's conceptualization of civil society has had on Marxist thought, the term "motor of history" (Foucault, 2008, p. 305), used by Foucault to describe the role of civil society in Ferguson's work is after all itself borrowed from Marxist terminology (e.g., Lukács, 1972, p. 58), as he alludes to. Seeing as the driving force of history is for Ferguson economical in nature, much like for the later Marxists, Foucault's usage of the term would seem to be motivated in its retroactive use here, not that there are not important differences between the approach Foucault takes and those of Marxists. The influence of Ferguson and of political economy in general on Marx has also been dealt with extensively by other writers, e.g., Hill (2007), Halpern (2017) and Schoenberg (1985, pp. 76 – 78) to name only a couple cited in this thesis, so keeping in mind the scope

and aim of this thesis, I will refrain from delving further into that issue here myself.

To return to the subject of tragedy it must also be pointed out that Ferguson had his own interpretation of the possibility of tragedy and meaningful action. According to Ferguson "the happiness of citizens requires their active pursuit of virtue" (Halpern, 2017. p. 55), this being possible only outside the confines of commercial society, where citizens are not reducible to mere population or to subjects of the market. Meaningful activeness, action that surpasses the passive pseudo-action of commercial society, exists for Ferguson only when actions possess "a potentially tragic dimension, … purchased at the cost of mortality" (Ibid., p. 54). Here again we encounter the subject of death, inseparable as it is from the sense of the tragic. While I would I would claim that this shows that we could argue for a compatibility existing between Goldmann's analysis of tragedy and Fergusons's sense of it, thus bringing the section on ethical frameworks full circle, I also think it will be necessary to first address some of the contradictions and incompatibilities that, it must be admitted, still exist within the theoretical framework of the thesis.

3.6. Addressing some contradictions within the theoretical framework

In this section I will explain how certain aspects of Goldmann's oeuvre places him at odds with some of the other theorists utilized in this thesis. The reason that this matter has to be addressed here is that it reveals a fundamental disagreement regarding what makes subjectivity or meaningful action possible, this of course being a central question for the thesis. As we have already seen both Butler (2005) and Halpern (2017) envisage the acting subject as having

become more and more questionable as a locus of ethical, or indeed any, action. This does not in itself place their projects in opposition to Goldmann's, even if it arguably poses a challenge for the continued possibility of the tragic vision.

When it comes to Foucault however, Goldmann (1980, pp. 43 – 44) positions his own humanist genetic structuralism in opposition to the theoretical antihumanism of Foucault's assault on the anthropological subject. On this point it is easy to see why Golmann has come to the conclusion he has as Foucault (e.g., 1984) is probably the most emphatic critic of humanism we will find if we limit ourselves to authors cited in this thesis. The disavowal is mutual and explicit in this case, as Foucault saw Goldmann as well as his theoretical inspiration Lukács along with all "the Hegelians of the 19th century" (Foucault, 1996, p. 60) as being reliant on the consciousness of the human subject as the motor of all historical change, a view he himself completely rejected. Leaving aside for the moment the issue of whether or not this view does justice to the positions of all the Hegelians in question I will note that the stance on humanism taken by Goldmann is more or less the complete opposite of Foucault's. Goldmann's argument is that when it comes to what he refers to as variously "human facts" (Goldmann, 1980, p. 43) or "significant structures" (Ibid., p. 75), referring here in other words to what is understood in this thesis by concepts, that it is questionable that we could expect to be able to interpret these if we stray "beyond their functional relation to … anthropological subjects" (Ibid., pp. 43 – 44). In other words, he sees the question of the possibility of meaning and intelligibility as tied to a specifically human subject. On this point I will however disagree with Goldmann, for the reason that I would argue that the we do not need to

resort to any kind of theoretical humanism or anthropologism in order to retain the concept of subjectivity, granted that this subjectivity is one that has come to appear as more and more circumscribed.

Take for example Hegel, certainly a central influence on Goldmann both directly and in an indirect fashion by way of Marx and Lukács (e.g., Goldmann, 1970, p. 5). The prominent french scholar of Hegel Jean Hyppolite argues that Hegel should not be seen as equating subjectivity with humanity, but that he rather prioritizes the question of being in a more general sense (Güven, 2005, p. 171). Stefanos Geroulanos (2010, p. 298) in his turn points out that while Hyppolite in his discussions of Hegel still sees the questions of subjectivity as relevant for philosophical inquiry he nonetheless simultaneously sees the subject as being perpetually under threat of being undermined and furthermore that humanism cannot offer the solution to this state of affairs; indeed he asserts that subjectivity "holds no priority and no capacity for independent action" (Ibid., p. 302) while simultaneously "putting man in suspension" (Ibid.), as Geroulanos puts it.
Geroulanos writes here about a turn in french philosophy during the time between the two World Wars that he terms "antifoundational realism" (Ibid., p. 51), whereby any transcendence on the part of man in regard to nature or to the world in general was rejected (Ibid., pp. 51 – 52). What was rejected here as well, as a necessary corollary, was any hope for radical change emerging from some sort of human essence or purely human subject (Ibid.)

Therefore I argue that, contra Goldmann, it is possible to study worldviews and meaningful structures without resorting to any kind of humanism, seeing as the Hegelian theoretical basis Goldmann builds on can clearly be wielded to

arrive at conclusions that make the question of humanity irrelevant. This all being said, I will also claim that a Hegelian Marxist approach such as Goldmann's should not be seen as necessarily incompatible with deeply skeptic stances toward subjectivity, seeing as marxisant theorists like Hyppolite and Halpern clearly draw on Hegel and Marx in their critique of more naive conceptions of subjectivity. Moreover I would argue that Goldmann's conception of subjectivity is far from a naive one for that matter, one of the central themes of *the Hidden God* (1970) is after all the impossible and irresoluble demands tragedy places on action.

This detour into the dilemma of theoretical humanism contra antihumanism has been undertaken mainly as an attempt to clarify the position of this thesis on this issue, seeing as I regard it as perhaps the most central point of conflict within the theoretical framework of this thesis. While this disagreement on the level of theory may be of secondary importance in comparison to the charting out of the contradictions existing within the situation faced by the caregivers themselves I still see it as one worth addressing, not least because the question of the basis of subjectivity is quite central in these more concrete contradictions; the issue of madness is after all central when it comes to the question of subjectivation, whether or not the subject acting here is conceived of as specifically human or not (Güven, 2005, p. 33). I would also like to make the maybe obvious point that the kind of views presented above, where subjectivity is hopelessly circumscribed and self-contradictory, would seem fated to lead to very similar conclusions as those Halpern arrives at when he posits his crisis of action. There is also of course the obvious affinity between these views and the conclusions Butler (2005) arrives at in their discussion of the limits of the subject as a basis for meaningful action.

An intriguing account of certain aspects of tragedt is given by Blanchot (1993) in his discussion of how Lukács' *Soul and Form* and Goldmann's aforementioned *the Hidden God* can help elucidate the thought of Pascal. Here Blanchot writes about how the tragic vision of Pascal makes the unknown, referring here to that which lies beyond the comprehension of us as flawed human beings, into something absolutely separated from our capacity for reason (Ibid., pp. 96 – 105). In doing so, Blanchot notes, Pascal does not reserve any space for a mysticist conception of the unknown where it would offer us access to a reason of its own, the two are in other words kept as completely separate and irreconcilable spheres in the manner required by the absolute demands of tragedy (Ibid., p. 98 – 99). Tragedy finds its expression in the tension between these two incompatible yet indispensable requisites (Ibid.).

I would argue that this view finds its counterpart in the conclusions drawn by Foucault in his treatment of the question of the relationship between reason and madness in the *History of Madness*, presented earlier in this thesis, namely that madness is completely cut of from reason, that madness is confined to itself in supreme separation, "without an interlocutor, … collapsing before it ever reaches any formulation and returning without a fuss to the silence that it never shook off" (Foucault et al., 2006b, pp. xxxi – xxxii). Interestingly enough Pascal ended up being branded as an irrationalist by certain later interpreters, Lukács among them (Jay, 1984, p. 317) just to name one thinker relevant for this thesis. Foucault in his turn was of course also accused of irrationally seeing hidden truths within madness as I have discussed earlier in the thesis.

But while the accusations against Foucault on this point would seem to be largely misdirected the same cannot as easily be said for Pascal; it should be noted that there exists a crucial difference between the standpoint of Pascal and that of the modern reason of psychiatry, namely that Pascal clearly sees reason as having no primacy in relation to the unknowable (e.g., Goldmann, 1970, p. 181; Blanchot, 1993, pp. 99 – 100, Foucault et al., 2006b, p. 35). The reason of psychiatry on the other hand rejects everything that does not accede to its standards, as has been discussed earlier in the thesis. While the distinction between reason and that which lies beyond the ken of reason is central for both outlooks the way this distinction is mediated is fundamentally different. In other words, if the outlooks of the tragic vision and of modern reason or rationality are each others counterparts then they are so by virtue of being opposed to each other in content while sharing a formal similarity. Something similar can be observed when it comes to the question of the relation between death and madness, as we will see in the discussion section of the thesis.

To briefly return to Foucault, I think it is relevant to here also mention that it would seem as if the standpoint Foucault attributes to Ferguson on the matter of the role economical factors within society is closer to the stance taken by Marxists like Goldmann and Halpern than it is to Foucault's own stance, as we will see later on in the thesis (Foucault et al., 2008, pp. 291 – 316). This becomes relevant for this thesis by way of the fact that Ferguson was one of the first scholars to notice the economical underpinnings of the quandary facing tragedy and action, as Halpern (2017, pp. 29 – 74) shows. At the same time it should be mentioned that Halpern (1991, p. 15) sees it as being

possible to incorporate Foucault into the broader project of Marxist critique, something which I am myself of course doing in this thesis. While Marxist analyses on civil society clearly differ from Foucault's in significant ways it is interesting to see how similar some aspects of his conceptualization of the role of civil society in our modern society is to Marx's and to that of Marxists. These issues will be elaborated further on in the discussion section.

4. Research Material

As mentioned earlier the research material for this thesis was gathered primarily through participant observation and secondarily by way of loosely structured interviews. The reason for opting for this approach was that the participant observation offered a way to receive a broad picture of the situation faced by the caregivers, simultaneously of course offering insight into how they themselves perceived their situation. While it would have been possibly to, for instance, rely on written accounts to approach the subject of caregiving, thus doing away with the need for fieldwork, I am still convinced that the opportunity to observe how caregivers talked among their peers enabled me to get a better gauge regarding what parts of their outlooks was shared by the other caregivers and what was idiosyncratic and specific to the situation of individual caregivers. The interviews on the other hand offered a way to inquire into specific topics that I was interested in hearing more about, as well as offering me a chance to speak with caregivers one on one. In the sections below are a description of the material as well as an overview of the content of the research material. Further analysis of the research material will naturally also be found under the discussion section of the thesis.

4.1. General description of the research material

The research material for this thesis was gathered through participant observation performed in connection with a peer support group for family members of people diagnosed with mental health disorders. I took part in a total of eight of these meetings, the first three back in the late summer of 2016 and the remaining five in the spring of 2019. The concrete research material is thus primarily composed of the notes taken during these meetings and after them while reflecting, of course supplemented by the less quantifiable impressions and memories I have of the experience of taking part in these meetings.

During my participation in these support group meetings I attempted to take a more or less withdrawn approach, often sitting slightly to the side of the main group and not taking part in the discussion unless I was directly referred to by the participants or the facilitator. There are some caveats however, I often found myself engaged in small talk with the participants during the start of meetings and when one or several of them asked me questions regarding the purpose of me being there. In addition to this I generally arrived early to these meetings, leading to me often engaging in conversations with the facilitator of the group before participants arrived. The insights gleaned from these conversations will surely have had an influence on this thesis. In addition to the material produced through participant observation and accompanying conversations the research material is supplemented by three interviews that I did individually with three different participants on the recommendation of my original thesis supervisor. The interviews were open-ended but based on a loose number of themes that I had come to see as especially interesting from the standpoint of my thesis. The interviews vary in length from 12 to 19

minutes and were recorded and transcribed. Based on the terms agreed upon with the interviewees the transcriptions will not be reproduced in this thesis, instead their content will be discussed and paraphrased, in a similar manner to how the content gleaned through participant observation will be presented.

Three similar open-ended interviews were also performed with rehabilitees that took part in some of the meetings but these will not be included as material for the thesis on the recommendation of the thesis supervisor, seeing as the subject of the thesis is limited to the caregivers themselves.

When it comes to the topic of the limitations inherent in the research material I will note that the fact that the notes on the observation portion of the material are paraphrased versions of earlier manual notes, themselves also only interpretations of observations, combined with the fact that direct quotations from the transcribed interviews are not possible means that I am unable to directly cite statements made by the caregivers. As a result of these circumstances the thesis is forced to rely on more generalized descriptions of the discussions had at the peer support group meetings. Fortunately this is not a major issue seeing as the aim of the thesis is to situate the caregivers as group socially and not to, for example, make an in-depth analysis of the concrete social interactions taking place.

4.2. General description of the peer support group meetings

Since examining the group dynamics or the social interactions occurring in within the group meetings is not in itself the focus of this thesis and seeing as the scope of the thesis precludes an in-depth analysis of these matters the description of the group meetings will be kept relatively brief. It will however

still be necessary to briefly examine this matter for the connections drawn between research material and conclusions to become comprehensible, especially in regard to practice of doing a round.

The peer support meetings took place in facilities belonging to an organization working for the benefit of caregivers of persons diagnosed with mental health disorders and illnesses, in a densely populated urban area in Finland. The peer support groups that serve as the access point of this thesis were organized in two different ways, the first as a so called "open group" and the second as a so called "closed group". The open group was as its name implies open to any caregiver that wanted to join, without any prior registration, caregivers of minors did however in practice not take part in the meetings of this peer support group, seeing as they had their own groups. The peer support group was also open-ended in a temporal sense, being an ongoing group that did not have a set end-point unlike certain of the closed groups, gathering once every week.

The closed group that I attended was also an ongoing, weekly group but was referred to as a closed group since it required that the participants would be informed of any new joining members beforehand. Another difference between this closed group and the open one was that people with diagnosed, serious mental disorders also took part in it. The rest of the participants of the closed group, the caregivers that is, were largely the same people that took part in the open group. Speaking broadly this means that the caregivers that took part in the meetings would generally meet once or twice a week in these kinds of groups. Several of the participants told me, both during interviews and during group discussions, that hey kept in touch with each other outside

of these meetings too. In the open group however it was perfectly acceptable for participants to not show up for extended periods of time if they decided to do so for whatever reason. The way the two different groups were structured did not deviate in ways other than those described above, they were organized by the same facilitator and held in the same place as each other. The way the groups met and discussed also did not deviate in any significant way.

The physical location the meetings were held in had changed by the time I did my second round of participatory observations but the layout of the facilities remained broadly the same, a few coffee tables surrounded by sofas and armchairs all facing inward toward the middle point of the room. Coffee, sandwiches and various snacks were served during the meetings. The way people conversed at the meetings varied according to how far along the meeting had come, often being more informal and broken up into several conversations between pairs of participants at the start of the meeting. At some point the facilitator would then signal that the meeting had properly started by suggesting that everyone do a round (Finnish: *kierros*). The way this worked was that he participants, one at a time, gave the rest of the group a sort of update on their general life situation, telling the other participants how their ill family member was faring, how they felt about their current situation and so on. What was said varied a lot in nature and was left to the participants themselves to formulate freely, as one participant put it they would share everything between their deepest sorrows and their greatest joys at these meetings. While one participant talked in the manner described above the others would serve as their audience, sometimes however asking clarifying questions and the like, with the facilitator usually posing more of these

questions than the rest. When the round was over the conversation would generally return to being somewhat more informal once again.

While the facilitator could thus be said to have a specific role in structuring the discussion in the group her approach could otherwise be described as relatively hands-off, beyond the context of the rounds her interventions were usually limited to asking follow-up questions, ensuring that recently arriving participants got a chance to enter the discussion and the like. At several different points during my participant observation the caregivers would make sure that I understood that they saw the group facilitator as one of them rather than as merely a representative for the association, as a healthcare professional or as an outsider in some other way.

During these meetings participants would often come and go throughout, few if any participants would remain for the entirety of the nearly four hours that these meetings lasted, facilitator notwithstanding. The number of participants of course also varied between the different times I was present, with between as few as a handful and as many as several dozen participants taking the course during the course of one meeting. The participants generally only ever referred to themselves and to each other with their first names during the meetings. This was also the case when introducing themselves to first-time participants of the meetings, of which there were a couple during the time I was present, and when they introduced themselves to me.

When looking at the demographic composition of the group participants a few matters have to be mentioned for reasons of context. Firstly, it should be mentioned that with the exception of exactly one participant during all of the

time I spent doing participant observation all the people participating in the group as caregivers were women. The facilitator of the group, who remained the same throughout the time I performed my participatory observation, was also a woman. The reasons that so few men were attending the group was also something that was discussed several times during the meetings. As an aside I want to point out here that this state of affairs seems to be in some way characteristic for caregivers in general, the gendered aspects of caregiving has been noted by prior researchers such as Stengård (2005, pp. 23 – 25) who cites studies that show that 81 – 87% of Finnish caregivers caring for a family member diagnosed with a mental illness or disorder were women. While the gendered aspect of caregiving will not be exhaustively analyzed in this reason because of reasons of scope I do want to point out here that the lopsided gender distribution of the meetings was discussed by the participants and by the facilitator, with the consensus being that it would be necessary and desirable to have men become more involved in peer support activities.

Secondly, regarding the question of the age of the caregivers I want to point out that the typical caregiver would be the mother of an adult son or daughter who often had been diagnosed with a mental disorder a decade or longer ago, which naturally means that the age of the caregivers would on average appear to be somewhere around the mid forties or early fifties. In discussions with staff of the association and with certain participants they gave as a reason for this the simple fact that participants would often continue taking part in the peer support meetings and other activities organized by the association for years upon years, something that certainly held true for several of the participants of the group I took part in. This naturally meant that there would be a certain skewing towards higher average age in the participants over time.

It should also be mentioned that several of the participants also did different kinds of volunteer work for the association organizing the peer support group meetings, this work varied from acting as experts by experience, as peer support coordinators, handling social media for the association, helping to set up support group meetings, holding various positions of trust within the association and so on.

4.3. On the content of the research material

As mentioned above, by far the most common familial relation between caregiver and afflicted family member within these peer support groups seems to be that the caregiver is a parent, usually mother, of an adult child diagnosed with a mental disorder. In some cases however the caregiver is a friend, spouse, sibling or adult child of a disordered parent. As mentioned earlier caregivers of minors were not present at the meetings I attended. By way of listening to the group discussions and also through conversations with people working for the association I learned that the people going to these peer support groups are usually caregivers to people suffering from a subset of more severe disorders or illnesses, more specifically bipolar disorder, schizoaffective disorder, schizophrenia or severe forms of depression. While this should not be seen as a comprehensive or definite list I include it to give some sense of the medical context. It also seemed to be a common theme that the afflicted family members in question had gone through a psychosis at some point in their lives.

A typical narration told by a caregiver on the subject of how they came to partake in the peer support group meetings would often involve them seeking out such a group or some other form of peer support as a response to feeling

completely at a loss in regard to their situation as a caregiver. Some expressed feeling that they could not see how they could even be alive if it were not for support groups such as this one, others talked about still feeling as if they are completely unable to deal with their situation but simultaneously not being able to imagine ever ceasing to participate in the meetings. A common way to describe the initial onset of the disorder that came to define their situation is that it felt as if a disaster had occurred and that the way they had lived before the madness was completely obsolete; ethical guidelines and commonsense approaches that had seemed obvious before no longer applied to their situation.

The topic of suicidal or otherwise self-destructive family members was a common one, with caregivers talking about having to be constantly vigilant in case their kin would choose to try to end their life. Even if the family members' threats to kill themselves did not escalate into actual attempts this of course did not mean that the caregivers would be spared the grueling ordeal of having to constantly worry that a loved one might die at any moment. A couple of the caregivers expressed a fatalistic outlook on this matter, having come to be convinced that there would be nothing they could do if their family members ever really decided to end their own life. The facilitator would sometimes note on this matter that it is a common occurrence for people with the kinds of diagnoses possessed by the afflicted family members to threaten to kill themselves, some of the participants expressed that they could understand this on a mental level but that they still could never get used to the self-destructivity of their kin. Several of the caregivers also had family members who in addition to having been diagnosed with one or more mental disorders also suffered from problems related to

substance use, this being another common reason for worrying about the well-being of the family member in question.

A common subject of discussion among the caregivers was the feeling of being alienated from friends, co-workers and acquaintances who lacked insight into what a mental health related diagnosis entailed. The border drawn between caregivers and those who did not have family, friends or kin suffering from these disorders was quite sharp, a common sentiment was that these kind of "outsiders" could never have a proper understanding of the difficulties caregivers face. One of the interviewees told me that she had lost several friendships because of this, the former friends in question having blamed her for her son's illness and also blamed the son for supposedly "just being lazy". This was echoed in the group discussions, participants often spoke about being blamed for their family members' disorders. The concept of "stigma" (Finnish: *leima*) was often utilized by the participants when discussing these matters. This was certainly also reflected in how the caregivers spoke about the representants of the medical profession they interacted with, where there, once gain, seemed to exist a stable consensus among the caregivers as to how they perceived the expectations psychiatrists and other medical professionals had toward them. These expectations were framed by the caregivers as having little grounding in the daily lives of those diagnosed with mental illnesses and disorders, and especially as being ill suited for the purpose of involving the family members of their patients.

One subject that came up frequently in the discussion group meetings was the question of the economical situation of the caregivers and their kin. The most common way this subject was broached was in relation to questions of how

afflicted family members struggled with poverty, often having trouble keeping their economical affairs in order, something which according to the accounts of the caregivers was primarily caused by aspects of their disorder. A question often discussed, clearly seen as a difficult one, was whether or not and to what extent caregivers should economically support their afflicted adult children. The caregivers also discussed their own economic troubles, it was not unusual that they tied their hardships on this front to them having to act as caregiver. Many of them talked about struggling economically. This quandary also tied into discussions of what the facilitator and several participants referred to as "coddling" (Finnish: hyysääminen), meaning behavior aiming at supporting the afflicted family member that turns out to be either counterproductive, excessive or a serious strain on the well-being of the caregiver themselves. Here caregivers expressed feeling tremendous amounts of strain in attempting to find the right course of action to take, in the balancing of their own well-being, the well-being of their kin and other obligations they had in their daily lives.

I want to point out that this aspect, the discussion of boundaries and of where to draw the line in regard to their ill family members, was one common to several of the more difficult topics discussed at the meetings, for example when talking about how to respond to suicide threats, another topic clearly seen by some caregivers as being difficult to ever reconcile themselves with. An important aspect of the discussion of boundaries was that no caregiver ever as far as I could tell ever explicitly told another exactly where to draw the line, there appeared to be a shared understanding that it would be futile to attempt to apply standards that worked for one caregiver or in one situation to the situation faced by another caregiver. This was also emphasized by

caregivers in the interviews and in conversation with me, they seemed to want to make sure that I understood that they did not moralize or try to school each other. At the same time however they appeared to all share an understanding of their situation as caregivers, something they were equally vocal about ensuring that I understood. As one caregiver put it, she only had to say half a word to make the other caregivers understand what she was talking about when discussing the troubles she faced.

The subject of what an improvement in their lot might actually mean for caregivers came up often during discussions, ranging from hopes of psychiatric institutions developing better practices for including family members in their interventions to hoping for a broader shift in how society treated those diagnosed as mentally ill and their kin. By way of example, one concrete change caregivers saw as being desirable was seeing mental health-related diagnoses be treated no different from somatic diagnoses, that there would be no more shame in having a broken leg than in having a fractured psyche, as one participant put it.

I do therefore want to point out that while the situation facing the caregivers would seem to present a bewildering challenge to a sociologist trying to do justice to the complexities at play the outlook of the caregivers themselves rarely betrayed any kind of bewilderment. On the contrary, in the ways the caregivers spoke about the problems they faced in their daily lives as a result of their situation I very rarely observed any questioning of whether or not they should care for their afflicted kin, on the whole it seemed to me as if everyone present at the peer support meetings shared a conviction that not caring for their family members was out of the question from the get-go.

While the caregivers often expressed not being able to ever come to terms completely with their situation it struck me that they never expressed out loud any intent of ever stopping caring for their kin altogether. This being said, this does not mean that there were no complex quandaries that the caregivers had to navigate, as I will discuss later on in the thesis certain apparently irresoluble contradictions seem to me to be characteristic to the situation the caregivers find themselves in.

5. Method and Methodology

While the theoretical framework section of the thesis already largely broaches the subject of the thesis' methodological underpinnings I will use this section to give something of a summary of the concrete implications of the theoretical framework in addition to describing the process of analyzing the material. The brief explanation is that this thesis is a qualitative study utilizing ethnographic methods in acquiring its research material while relying on Marxist critique, the sociological and philosophical study of literature and drama as well as positioning itself as simultaneously adjacent to and partially opposed to Foucaultian genealogical studies. To facilitate this kind of critical analysis the research material naturally had to be processed in some form. In regard to the material derived from participant observation this entailed first writing down the raw notes in a text document to make the material more approachable. In conjunction with this some informal commentary, early thoughts on the findings and similar were added. After this the material was grouped according to subject. As mentioned earlier the interviews were transcribed, these were also coded using ATLAS.ti in order to get a better overview.

As I have alluded to earlier in the thesis my examination of the situation of caregivers shares a general outline with the approach taken by Goldmann in *the Hidden God*, with the major caveat that my approach differs from Goldmann's in drawing methodologically on the work of more recent Marxist writers, mainly of course on Halpern but also on the work of Vernant (e.g., Vernant, 1988). Goldmann (1970; 1980), who referred to his methodology as genetic structuralism, foregrounded the importance of a humanistic form of Marxism and the work of the psychologist Jean Piaget for his work. The methodology of this thesis on the other hand draws on another form of Marxist critique, one that as mentioned earlier (Halpern, 1991) shares some similarities to Foucault's genealogical inquiries and to certain associated modern currents in continental philosophy, as exemplified here by for instance the work of Hyppolite, Butler and Blanchot. That being said, I would argue that many of Goldmann's methodological considerations apply to this thesis as well, as we will see. I have also of course opted for using some of his terminology, primarily by writing about the tragic vision and about worldviews.

With Goldmann (1980) describing his project as a form of heterodox structuralism, with Halpern (1991, p. 6) drawing on the work of the structural Marxist Louis Althusser and with Vernant (1988, pp. 7 – 10) utilizing structural analysis in his research it would seem safe to say that most if not all of the Marxist authors central for the analysis performed in this thesis are all in some way adjacent to structuralism in their inquiries. Seeing as Goldmann and Halpern are the central inspirations for the methodological approach of the thesis we could perhaps describe its methodology as being a form of

structural, materialist critique of the preconditions of meaningful and intelligible shared action.

What is attempted here in this thesis is, as has been previously implied, not to give detailed empirical analyses of the individual life stories of peer support group participants and subsequent analyzes of these but rather to find and elucidate the underlying similarity binding together all the disparate accounts given at the peer support group meetings, the shared basis required for the peer support group participants to constitute and envision themselves as a group at all. It is only by identifying these underlying, material preconditions that we will be able to say that we can know which viewpoints espoused by the participants form a necessary part of their worldviews a group and what is merely accidental or arbitrary. Following the example of Goldmann, Halpern and the Foucault of *History of Madness* I have also drawn on examples from literature and drama in order to develop my argument on this point, what Goldmann (1980) terms the sociology of literature has also served as an inspiration for the methodological format of the thesis.

Goldmann warns sociologists not to rely on too abstract concepts too recklessly as every particular social-historical instance where said abstract concept can be identified has to be thoroughly historicized and be analyzed from the point of view of its position within a given social-historical totality if we are to be able to justify using it (Goldmann, 1980, pp. 63 – 64). Only then can the different instances where the concept becomes applicable be put into relation with each other and only then can the development of the concept throughout history be traced (Ibid.). For example, if we are to speak of tragedy we would then have to treat the tragedy of the Greeks as a completely

different concept from that of the tragedy of Racine, both of which would be far removed from any contemporary conceptualization of tragedy. These distinctions would have to be upheld until we have gone through the grueling work of explaining the relation between these different tragedies and their corresponding material bases.

Interestingly enough this approach would appear to be not that far removed from the one Foucault employed in *History of Madness*, where he gave an account of different conceptions of madness as illustrated with various examples derived, among others, from literary and theatrical sources much like Goldmann does in *the Hidden God* (Peltonen, 2004, pp. 209 – 210). What he also did was however that he examined "how a person defined as mad was separated from others and moved outside the community" (Ibid., p. 210), in other words Foucault examined the relationship between the mad as a social group and the rest of society, with the difference in regard to Goldmann that he did this primarily with an eye toward practices and institutions whereas Goldmann focused primarily on class relations, as has been discussed in the theory section of the thesis.

As the kind of exhaustive historicization and philosophical-conceptual investigation that would be necessary to truly be able to pass the high standard for sociological research set by Goldmann above is far beyond the scope of any single thesis I will be forced to rely on the work of earlier scholars on this point. Fortunately for us however the subject of tragedy and most of the other central concepts employed in the thesis, such as those of the state, the family and madness to name a couple, have been quite thoroughly examined by scholars representing diverse disciplines. With this in mind and drawing on

Halpern, as I have done extensively in this thesis, I will attempt to evade the opposing pitfalls of both an excessive abstraction and a blinkered empiricism by trying to maintain a kind of "state of creative tension" (Halpern, 1991, p. 13) between the different instantiations of the concepts I am utilizing here. In order to do this I have relied on what may at first appear as somewhat abstract concepts with the intention of clarifying my usage as the thesis proceeds; by presenting the ways in which various sociologists, philosophers and others have understood the concepts I am using here I hope to be able to show the tensions and contradictions arising within and between these in a way that allows us to better understand the situation faced by the caregivers I have studied here, allowing us to historicize their situation, putting it into a wider social-historical context.

The insistence on not succumbing to hopeless abstraction is crucial here. Noting that caregivers experience their familial situation as being somehow irresolvable under presently existing societal conditions does not on its own say anything about the actual impasse caregivers face. If one wants to arrive at a deeper understanding of the social-historical origins of the current predicament of caregivers it would require one to elucidate exactly what it is that they are unable to resolve, so as to be able to pinpoint how the specific social institutions involved have become the locus of this deadlock. It will also be necessary to try to offer a picture of what a resolution would entail here in the first place, even if this solution will turn out to be the fundamental overturning of the present state of things (e.g., Halpern, 2017, p. 199).

6. Discussion

In this section of the thesis the central quandaries of the research are laid out. This section will be ordered according to subject matter but I have also attempted to sequence them in a way that helps me lay out my argument in as straightforward a way as possible. While certain of the discussions here might start out on a very abstract level I hope that I will have been able to show how these discussions are relevant for the situation of caregivers by the end of the thesis.

6.1. Madness, death, tragedy

The subject of madness also becomes interesting for us on account of its inseparability from death and thus from tragedy, as has been alluded to earlier in the framework section of the thesis. As Güven (2005) explains, death and madness are clearly associated for Foucault in his History *of Madness*, "they articulate one and the same experience. What is experienced in madness and death is the 'nothingness of existence.' " (Ibid., p. 124). Recognition of the affinity shared between death and madness as problems for philosophy trace their way further back than to Foucault's inquiry, appearing among other in the work of Hegel (Ibid., p. 45), with Foucault himself noting that Georges Bataille and Maurice Blanchot served as inspirations for him in recognizing the shared status of madness and death as relevant for understanding "experiences on the edge" (Foucault & Lotringer, 1996, p. 409). This limit experience is surely relevant for the caregivers if not directly then by way of their afflicted family members. But how does this limit experience manifest itself in practice? According to Blanchot madness in particular acts as "the limit which every language holds" (Blanchot & Holland, 1995, p. 126), a limit that is impossible to set down once and for all or even be found at all before

one has already transgressed it. I would argue that this is echoed in the attitude caregivers are forced to take on in regard to their mad kin; as we will see the impossibility of setting down a workable framework of ethics once and for all is an inescapable effect of the fact that the situation of caregivers appears to be incapable of being solved under presently reigning conditions.

This failure to ever achieve any form of final reconciliation is in turn echoed in the realm of the tragic. Foucault notes that the fundamental aspect of tragedy for Racine is the "confrontation between the two irreconcilable kingdoms" (Foucault et al., 2006b, p. 245), more or less echoing Goldmann (1970) on this point. Focusing especially on Racine's *Andromaque,* Foucault goes on to conceptualize these two irreconcilable realms as day and night, reason and sense versus nothingness and blind error, crucially identifying this division as being relevant for the experience of madness as well (Ibid., pp. 242 – 245). What is shared between the views on tragedy and madness presented here is a certain kind of awareness of the limits of human reason, a limit that can never be crossed (Ibid.). But while day and night mirror each other within the context of 17th century tragedy, doing so in a way that allows meaningful action to take place, the same does not hold true for conceptions of madness in that same historical context (Ibid.). For while a "tragic character found in the night the dark truths of daytime" (Ibid., p. 245) those deemed mad "by way of contrast, in daylight, finds only the inconsistency of the figures of the night" (Ibid.), meaning that the mad are cut off from being intelligible in the way tragic drama is intelligible for its audience; while the acts of a tragic character always held the utmost amount of meaning the doings of the mad were entirely meaningless. Foucault thus sees madness as having been separated from the realm of tragedy since the end of the 17th century in

France, which he in turn associates with a corresponding development in the treatment of those considered mad, namely the confinement and exclusion of them, which he describes as "the accomplishment of the nothingness that was madness in death" (Ibid., p. 250). For Foucault this exclusion, where "madness disappeared from tragic action" (Ibid., p. 246), is best exemplified by the deathlike madness of Orestes in *Andromaque* whose subsequent disappearance from the realm of the living mirrors the changing stance taken toward the mad in France at the time the play was written.

Goldmann (1970, pp. 320 – 322), in his own analysis of the same play notes that for the most characteristically tragic character in it, that of course being Andromache, the only way for her to hold true to the competing claims of the irreconcilable values she holds is to embrace death; only by dying can Andromache have imbued her life with definite meaning. But the rest of characters in the play are beneath tragic grandeur, even if they die or succumb to a living death in madness like Orestes does their deaths do not serve to uphold any values, their deaths are ultimately meaningless (Ibid.). Here we reach similar conclusions as Foucault in his own interpretation, namely that death or madness do not necessarily guarantee meaning. We could say, drawing on Halpern, that while death on the one hand typically enables meaningful action within tragic drama it is also capable of becoming associated with the very essence of meaninglessness in the world of material life, as we see here with the case of madness in the classical era in France. Here, I would argue, the stance taken on madness by Foucault in the *History of Madness* becomes relevant again, the futility of trying to find a primordial madness is echoed by the futility of hoping for some fundamental sense of the tragic that could be harnessed for the benefit of creating a stable basis for

a framework of ethics. Tragedy in Foucault's analysis of it is as elusive and fleeting as it appears to be in Halpern's investigations. At this point I also want to yet again bring up Goldmann's (1970; 1980) warnings about the danger of relying on too abstract concepts, or of expecting a meaningful structure such as that of "tragedy" to possess some internal force ensuring its continuous existence. This in turn of course carries certain implications for the situation of caregivers.

I would argue, with the above discussion in mind, that it would be reckless to see the solution to the caregivers' situation as being found in some affirmation of the tragic; even if we agree with Halpern that the possibility for meaningful action or for tragedy is eroding this should not mean that we conclude that the solution to this quandary lies in returning to some earlier, more potent and primordial sense of tragedy. In fact, as Vernant (1988, pp. 211 – 215; cf., Halpern, 2017, pp. 97 – 98) notes, even in the times of Sophocles or Euripides tragedians set their plays in a long-gone mythic time where heroes acted unhindered by the restricting demands of the polis where the authors of the plays and their audiences lived their lives, much like Racine did by returning to the era of Greek myth in *Andromaque*. Meaningful action has been seen as being in some way unattainable for a very long time and merely trying to more resolutely affirm death or madness would seem to be a very unreliable way to escape this quandary at best.

6.2. Civil society

But if we cannot rely on any eternal or fundamental concepts to help us out here then where will we find the concepts needed for making sense of the situation the caregivers face? In this section I will write about one concept that

might help us out in this regard, namely that of civil society. In the section on the theoretical framework of the thesis Ferguson and his examination of civil society was discussed, as was Foucault's analysis of it and the influence it had on the thought of Marx and Marxists. However, to understand how the Marxists cited in this thesis conceive of the relationship between civil society and the other spheres of society we have to briefly mention Hegel's thoughts on this matter. As Halpern (2017, pp. 186 – 187) explains, Hegel partitions the society of his time into three spheres, more specifically those of the family, the state and civil society. This partition and its attendant conception of civil society, while different from Ferguson's analysis of civil society, is heavily indebted to it all the same (Hill, 2010). What is of interest here in the context of this thesis is how Hegel's work has come to influence contemporary conceptions of both family and civil society, both of which are of course highly relevant subjects for us. While the reason why the sphere of the family is relevant here hardly needs to be elaborated on it will be be necessary to here lay out some of the ways in which civil society becomes relevant when examining the social conditions caregivers have to operate under.

In Halpern's (2017, pp. 11, 180 – 187) analysis of the issue at hand civil society becomes crucial for our understanding of modern conceptions of tragedy, writing that Hegel would be unable to respond to the crisis of action within bourgeois society if he did not have recourse to the concept of civil society. While the other two older spheres, those of the family and of the state, existed in some form already for the ancient Greeks and sufficed to explain the tragic conflicts of their time, as we will see in the discussion on *Antigone*, this has no longer been the case at least since the time when the political economists of the Scottish Enlightenment identified the role

commercial interests had in driving the fundamental conflicts within society (Ibid.). The concept of civil society was required to make sense of the disparate and complexly interconnected social groups of modern society, it was required in order to make them intelligible. This is true even for a group like that of the caregivers discussed in this thesis, even as it might seem intuitive to lump them into the sphere of the family then we would still have to give an answer to the question of which other sphere it is that they are in conflict with. Unless we argue that all their troubles are either caused by the state or by forces utterly beyond our understanding then we need to rely on a conception of society more complex than that of the ancient Greeks.

While he clearly saw use in civil society as concept it is important to note that Hegel did however not see actually existing civil society as in itself being any kind of solution to anything. Halpern (Ibid., pp. 13, 183 – 185) discusses the concept of Hegel's cunning of reason, pointing out its similarity and indebtedness to Smith's concept of the invisible hand, noting that when applied to the sphere of civil society these two concepts imply the existence of a certain kind of capacity for civil society to correct itself. However, in the case of Hegel this capacity is seen as explicitly incapable of ever actually resolving or transcending these limitations through its own means (Ibid., 189). What he offers instead is the possibility of reconciliation by ethical means, through what he terms *sittlichkeit*. For Hegel a stable framework of ethical freedom is thus a possibility under bourgeois society (Ibid., p. 199). As Halpern (Ibid.) notes this is of course rejected by Marx, who sees any meaningful freedom as being possible only once the divisions between the different spheres of society are destroyed alongside the market. Radical

upheaval lies between the present state of things and the overcoming of the contradictions we face.

With this in mind it is surely worth questioning to what extent the Hegelian family-state-civil society tripartite division of modern society that I will use here as a kind of jumping-off point is in any way worth chaining ourselves to as we study the subject of kinship. While this is certainly a reasonable question I will within the context of this thesis still use this framework, seeing as it might help point toward the inherent limits of these terms and towards the social conflict points where their inadequacy as explanatory schemata become more apparent. In doing this I am drawing on the work of Butler (2000) who studies the limits of ancient Greek conceptions of society through her reading of *Antigone*.

6.3. The difficult question of family – Antigone

The possibility of certain of social conflicts being irresolvable is far from a modern quandary. In his discussion of *Antigone* Halpern (2017, p. 188) argues, citing Butler's (2000) analysis of the same play, that it is possible to read the play as acknowledging the lack of internal unity within the competing ethical claims put forward by Antigone and Creon. This reading, he notes, is compatible with the Hegelian view, that of the play as a portrayal of the conflict between family and state but on the other hand it opens up questions about the possibility of resolving social conflicts between different spheres of the social world by way of ethical means (Halpern, 2017, pp. 184 – 188). This would undermine the capacity of *sittlichkeit* to provide the grounds for a resolution of the conflicts arising between these spheres as envisaged by Hegel (e.g,. Ibid., p. 199, Lukács, 1975, pp. 378 – 379), thus in turn making

less plausible any hope of these conflicts being resolvable while this partition of the social world endures. One could also draw the conclusion that in so far as this reading is coherent it makes vast swathes of currently existing ethical frameworks suspect, as any ethics claiming the institutions of family or state as its ground would be fundamentally ungrounded. This interpretation would appear to fit together well with how the caregivers appeared to see ethical guidelines as in some sense provisional and at risk of becoming useless at a later date or under different circumstances.

For Butler (2000) this aforementioned lack of self-enclosure within the ethical frameworks serving as its base is one of the most central problems raised by the play, as we will see. In Butler's reading, the supposedly discrete spheres of family and state turn out to be anything but, with them noting that:

> Not only does the state presuppose kinship and kinship presuppose the state but 'acts' that are performed in the name of the one principle take place in the idiom of the other … thus bringing into crisis the stability of the conceptual distinction between them.
> (Butler, 2000, pp. 11 – 12)

This reading raises interesting questions about the internal coherence of tragedy. If tragedy contains a hidden admission of the fact that the supposedly coherent ethical claims made by the subjects of tragedy are in fact anything but coherent or unified (Halpern, 2017, p. 188) then tragedy does in fact contain within itself the admission of its own incompleteness and inability of ever providing complete closure.

By now I should probably attempt to clarify how I argue that the situation of the caregivers relates to that of Antigone in a formal manner. The central

source of conflict in *Antigone* is of course Antigone's determination to have her dead brother Polynices buried against the wishes of Creon, ruler of Thebes. The impetus for her actions are in other words to care for her, in this case dead, family member even though this act is forbidden by the laws of her city. In the case of the caregivers they also wish to care for a family member, in this case one who is mad. While the caregivers are of course not forbidden from attending to their stricken kin there was, as I have alluded to earlier, a widely shared sentiment among the caregivers that the norms reigning in society at large conflicted with the situation they found themselves in. In fact, through conversations I took part in both at the peer support group meetings and with people working for the caregiver's association, it became apparent that the very existence of the peer support group was painted by them as being brought about by a shared experience among the caregivers of not having had their dedication toward their ill family members recognized, their commitment to caring for their kin not getting any acknowledgment from psychiatric institutions or from any other quarter for that matter.

This thesis has thus far focused on the problems arising out of the situation of families overwhelmed by madness but if the family has received extensive attention here the same cannot be said for its counterpart in the tragedy of *Antigone*, namely the state. It is interesting to see how similar the fate of the family is to that of the state in Halpern's analysis, with him showing that since the days of Ferguson, Smith and the Scottish enlightenment the power of the sovereign and of the state has been seen as being under threat or being subservient to commercial society (Halpern, 2017, pp. 35 – 38). Drawing on Foucault, Halpern argues that from the point of view of the political economy of the time the sovereign was seen as completely powerless over the

sphere of the economical, its influence being limited to serving as a support structure for the running of the economy, in other words reduced to the role of what Foucault calls "governmentality" (Ibid., p. 37). Thus the predominance of economic concerns have made state intervention less feasible, thus deprioritizing shared political action.

At first glance this would seem to lead us toward the conclusion that the remaining sphere in our triad of social spheres, that being of course the family, might serve as a point of resistance against the onslaught of civil society where the state has proved to be inadequate, putting our hope in Antigone where Creon has failed so to speak. But this would of course be difficult to square with the manifold challenges faced by the family, as Butler (2000, pp. 22 – 24) notes it would be a mistake to expect to be able to take for granted family or kinship as a foundation or as a guiding star, in much the same way as we have seen that death or madness cannot serve such a purpose either. The caregivers I observed at the meetings were in any case already engaged in the work of caring for their afflicted kin and showed no doubt about continuing to do so. The kind of affirmation of the family or of kinship that Butler criticizes as doomed would appear to be irrelevant from the get go when it comes to the case of these caregivers, their problems are after all certainly not caused by too little attachment to the values of family and kinship.

6.4. The situation of caregivers as ongoing crisis

But if every concept, meaningful structure or ethical framework we examine is starting to seem either contingent, unfounded or obsolete then can we not expect this to mean that tragic or meaningful action was doomed from the

start? While this kind of pessimism is surely to some extent warranted I would argue that this is not necessarily the case. In Hegel's conception of it, Kain writes, tragedy requires a conflict between two equally valid ethical frameworks (Kain, 2005, p. 151). While the underlying conflict remains intractable and even destructive from the standpoint of these frameworks this crisis will, in time, lead to "the emergence of a higher moral principle" (Ibid.) offering a resolution. It is interesting to note that tragedy allows Hegel to account for the empirical existence of ethical conflicts, even with situations where ethical frameworks collapse and become untenable. "Tragedy means the collapse of the great, the master, the whole ethical world" (Ibid.), yet even as it collapses it opens up new possibilities for ethical conduct. This clearly has relevance for the situation of caregivers, if the conclusions of this thesis are correct in identifying the situation of the caregivers as being caught up in a crisis threatening to destabilize the spheres of the family and the state.

This state of affairs seems to need to be addressed if we are to be able to account for the continued possibility of holding on to coherent ethical frameworks, with the possibility of action waning it would seem like the capacity for subjects to take ethically meaningful action would have to wane with it correspondingly. In Halpern's argument the crisis of action threatens to spill over into a crisis of the subject, with him noting that incapability of taking action puts "the subject in the position of spectator" (Halpern, 2017, p. 124), the subject becomes "afflicted with lack" (Ibid.). One particular aspect of this development is characterized by Ashenden as "a move from fellowship and civics to civility among strangers" (Ashenden, 2015, p. 44), with the discovery of this issue being traced by Foucault back to, once again, the political economists of the Scottish Enlightenment (Ibid.). Ashenden goes on

to explain that Foucault did not see this development as implying that the Scots were relinquishing the concept of the acting subject but rather that they saw the subject of political economy as functioning "within a totality that eludes him and which nevertheless founds the rationality of his egoistic choices" (Ibid., p. 43), in other words they saw that the meanings and consequences of the actions taken by subjects could no longer be understood, except from within the point of view of "an emerging statistical account of population" (Ibid., p. 44). As Ferguson observed, influencing Marx on this matter, the development of civil society and the accompanying division of labor led to the emergence of a certain kind of disconnectedness from any noneconomical form of relationship (Hill, 2007, p. 350).

If commercial society is conceptualized as increasingly atomizing society into a web of needs and individual interests mediated through the market then this will inevitably lead to meaningful action becoming an impossibility in Ferguson's view, since there will no longer be room for any commonly held political sphere (Halpern, 2017, p. 57). This is the way in which Halpern (Ibid.) connects Ferguson's crisis of tragedy and of action to the crisis he saw as existing between the different spheres of society. This reduction of the extent of what is perceived as comprehensible, rational action is central for the crisis of action and ethics we are concerned with here. As Halpern notes, the fact that people come be seen as reducible to populations threatens "to make one's actions appear entirely inconsequential" (Ibid., p. 46), needless to say this would make meaningful action if not impossible then at least completely occluded from our view, the meanings of actions would be completely ambiguous for everyone involved. While the subject would still act their acts can no longer carry "ethical weight" (Ibid., p. 38), as they are

reduced to blindly staggering around as individually replaceable cogwheels within an "overarching, spontaneous order" (Ibid.) that determines what actions are taken. For Moishe Postone something like this state of affairs holds true within capitalism in general, with him stating that people "make history, but, as it were, behind their own back, i.e., they make history by creating structures that compel them to act in certain ways" (Blumberg & Nogales, 2008, p. 1).

On this point and with regard to the question of civil society as harbinger of change, it is however also important to note here that for Ferguson conflict does not only lead to change, just as much it results in brittle equilibriums forming between the objects of social conflict (Hill, 2001, p. 296). As Foucault describes his point of view, Ferguson argues that through these equilibriums people "are spontaneously brought together by bonds of benevolence" (Foucault, 2008, p. 305). Different factors, chiefly economical in nature, will however inevitably disrupt these equilibriums, acting as a harbinger of change. As Foucault phrases it, "that which produces the unity of the social fabric is at the same time that which produces the principle of historical transformation and the constant rending of the social fabric" (Ibid., pp. 306). The bonds holding society together are at one and the same time spontaneously produced by commercial society and undermined by it as it comes to dominate social life (Ibid., p. 303). And how else could the situation of the caregivers be understood, where they are on the one hand aware of their situation being untenable and on the other hand all in largely the same situation as a group by dint of their ill family members? The existence of something like this uncertain equilibrium could also be used to explain how the caregivers are capable of sharing such a similar understanding of their

situation as a social group, how they have managed to stake out their own claim between the competing claims of family, state and civil society.

6.4.1. At the mercy of civil society?

With the above discussion of the enervating yet productive function of civil society qua commercial society within society in mind I think it will be necessary to look a bit deeper at exactly what is at play here. There are indeed reasons to be wary of putting unfounded hope in the capacity of civil society to solve its own crises, not to speak of having it serve as "an unproblematic normative horizon" (Ashenden, 2015, p. 38) for sociologists and other social scientists, as Ashenden cautions. Coming to similar conclusion, Foucault argues that we should not take the categories of civil society and state as once and for all given, as "an historical universal enabling us to examine every concrete system" (Foucault, 2008, p. 319) but rather as "a form of schematization peculiar to a particular technology of government" (Ibid.), referring here of course to the technologies of governing that exist in modern, liberal, capitalist society. Whatever the case may be it appears as if we have to come to terms with civil society in one way or another for the time being, even if we agree that it might be naive to expect civil society to itself contain the solution to the disruptions it engenders it might still be the case that we are at its mercy, so to speak, if we are right in looking at our social-historical situation as being one where the capacity of action to effect meaningful change has become increasingly obsolete.

It would however perhaps be too reckless to here simply portray caregivers as being completely and irrevocably stuck in the social-historical situation described above, as having to live in a society that is constantly changing for

reasons that can only be pinpointed retroactively, groping blindly in the uncertain hope that their efforts will lead to some sort of change even as any resolution forever evades them, and so on. But if the framework staked out here is at all worth anything and if we place credence in the subsequent analysis we would have to concede that the situation described above is not only more or less the situation facing the caregivers studied in this thesis but also, crucially, that it is more or less the situation we all find ourselves in to some degree owing to our social-historical circumstances.

6.5. Tragedy and ethical quandaries grounding intelligibility

Goldmann (1970, pp. 277 – 282) argues that the absence of a historical perspective within the tragic worldview keeps it trapped in a position where a future that is fundamentally different from current conditions cannot be accounted for, in his words "it knows only the present and eternity" (Ibid., p. 281), meaning that contradictions can only be conceptualized as occurring between these two poles, on the one hand those of existing conditions and on the other those of eternity and absolute values. If we follow Goldmann on this it would imply that in so far as this worldview is incapable of accommodating an account of how presently existing conditions can be overturned, how the state of affairs that keeps the social groups this outlook belongs to trapped in the predicament they find themselves in, they will as a consequence of this incapacity necessarily be unable to fully transcend the tragic vision of the world.

To return to the case of caregivers it is, I would argue, easy to see how this kind out outlook would result in a tragic outcome if applied to their situation; as I have alluded to earlier the caregivers seemed to agree that old values and

ethical frameworks were no longer enough for them as they tried to navigate the difficulties of the situation they found themselves in. However I would simultaneously argue that the tragic vision is not dispensed with so easily. After all, if a historical perspective with its attendant perception that present conditions are not eternal is what is needed to overcome the tragic vision then this would necessarily mean that insofar as caregivers, or any other social group for that matter, find themselves locked out from any prospect of improving their lot in any fundamental way they will be relegated to an outlook that is to some extent tragic. And what does this imply if looked at from the point of view of the numerous marxisant authors cited in this thesis, who all hold that capitalism in the guise of civil society is the process currently driving history? To me it would seem as if this part of Goldmann's argument, that of a superseding of tragedy, correspond more or less with Halpern's conclusions about the fading away of action, with the caveat that Goldmann obviously sees the post-tragic vision as an unambiguous improvement over the tragic one while Halpern refrains from making any overt value judgments on this subject.

While it is perhaps not explicitly stated I will argue that something like a sense of history exists for the caregivers, even if often a pessimistic one. Awareness of the historicity of their situation would also seem to fit well with their non-moralizing stance toward each other, as we will see with regard to Butler's discussion of here. Developing their argument that self-opacity can serve as grounds for an ethic, Butler (2005, pp. 41 – 42) notes that accounting for the historical perspective requires us to acknowledge that we are at all times not exactly just what we present ourselves as and that no-one else can be either, since a completely coherent view of ourselves is an impossibility. Seeing

ourselves in the other because we cannot ever fully capture and nail down what we ourselves are within a constantly changing society would appear to call for reciprocal patience with each other, an understanding that one is not ever self-same at any given time (Ibid.). I would argue that something like this patience is exactly what could be observed within the peer support group, as noted earlier any form of expectation of ethical certitude was conspicuously absent at these meetings. There appeared to be a shared understanding that the situations faced by the caregivers were constantly developing and that no solid frameworks could thus be nailed down once and for all, at least for the time being.

Butler also seems to argue for the potential of ethical frameworks as a mode of critique, describing how the later Foucault understood that "ethics can only be understood in terms of a process of critique, where critique attends, among other things, to the regimes of intelligibility that order ontology" (Ibid., p. 109). With regard to the caregivers this would seem to make sense, they often framed their claims toward the institution of psychiatry and toward society in ethical terms, as a question of what ought to be the case. As Goldmann writes on the topic of the tragic vision "it is the sick organ which creates awareness", (Goldmann, 1970, p. 48) by which he means that it is during times when historical certainties are upended that people are capable of achieving the greatest amount of awareness regarding their place in the world, clearly associating a tragic outlook with a relatively high degree of perceptiveness. Perhaps something like this could help explain why the outlook of caregivers seem so heavily marked by the tragic vision, after all in having their lives upended by a family member becoming disordered they are

forced to become aware of their situation in a new way in order to be able to deal with it.

In a somewhat similar vein Foucault also saw tragedy as creating a space for collectively examining the limits of conflicting social values, as Tirkkonen (2018, p. 118) has shown. Now then, if we are to stick with the argument that the outlook of caregivers can be understood as in some sense tragic and if we accept the analysis above of the relation between ethics, tragedy and critique then this would allow us to reconceptualize the caregivers' acknowledgment of the irreconcilable aspects of their situation as not signifying a renunciation of any hope for the possibility of change but rather as a formally necessary step in making their situation intelligible for themselves. Their tragic vision would be what enables them to perceive and understand the social-historical limits hemming them into the situation they find themselves in. As Goldmann puts it in *the Hidden God*, "the tragic mind becomes aware of the limits prescribing both it and the external world … it sees everything in clear and unambiguous outline, even its own paradoxical character and the fundamental ambiguity of the world" (Goldmann, 1970, p. 58). Here it is however important to note that Goldmann is describing this tragic vision in its highest possible form of expression, within tragic drama, not as an actually existing characteristic of historical individuals. Despite this caution I still argue that the outlook of the caregivers can be seen as tragic in the sense used here, after all it is important to here remember that in Goldmann's formulation tragic vision is a characteristic belonging to a social class or group and not some free-floating idealistic-formalistic abstraction (e.g., Ibid., pp. 17 – 19).

To elaborate further on this point, it is crucial to remember the irresoluble nature of tragedy; the eventual solution to the problems posed by tragedy cannot ever be found within the tragic vision itself. As Vernant writes, tragedy was already for the Greeks "a questioning to which there can be no answers" (Vernant & Vidal-Naquet, p. 38), something that I would argue still holds true for Goldmann's and Halpern's conclusions about more modern forms of tragedy. I have after all earlier in this thesis argued that the solutions to quandaries seen as tragic in the present are likely to come from an outside place, a sphere exterior to the impossibly rigid realm of tragedy, whether this outside is conceptualized as an inexorable result of history as Goldmann (1970) does, as the uncertain result of the vicissitudes of commercial society as Halpern (2017) seems to argue or as civil society acting in the guise of a motor of history, as in Foucault's (Foucault, et al., 2008) interpretation of Ferguson's view. While there are clear differences between the interpretations of these three writers I would still claim that there is an even clearer underlying affinity at play here, as I hope that I have shown in the preceding discussion as well as in the chapter on the theoretical framework of the thesis.

6.6. Taking action when there is nothing one can do

Above we have discussed how the category of the tragic is necessary to account for if we want to understand how caregivers come to understand their own situation, how they make it meaningful for themselves. But if we are discussing meaning-making and intelligibility then what about action, Halpern (2017) has after all shown that meaningfulness necessarily has to imply meaningful action. His stance echoes an observation made by Goldmann (1970, p. 52), that a tragic outlook can never be characterized by a complete break with the world, as an absolute assertion of the meaninglessness of the

world would necessarily imply that any act taken within this world would also lack meaning. In a somewhat paradoxical fashion any meaningful rejection of the world must be performed by actors placing themselves at the center of the very world they are trying to reject (Ibid.).

In an earlier work Halpern (1991) puts forward an argument that is relevant for this matter, namely that tragedy involves a kind of attempt to "manifest value through its destruction" (Ibid., p. 268), with the desire of the Earl of Gloucester to throw himself off of the cliffs of Dover in *King Lear* serving as a sort of metacommentary on how this matter is enacted within the play according to Halpern. Here the tragic vision does not emerge from the saddened realization that the values underlying tragedy cannot be realized but from the very act of relinquishing what is still to some extent a righteous, if incomplete, value system (Ibid., 298 – 269). And what exactly does this imply if applied to the case of the caregivers? Perhaps that the act of throwing out ethical frameworks that have ended up being seen as inadequate does not automatically imply that one has to judge them as ethical failures or as ridiculous follies. Rather, they could be acknowledged to have possessed a certain grandeur that becomes apparent in the very act of getting rid of them. If it is after all as I have implied, that the total dedication to a value system required by classical conceptions of tragedy will, for those attempting to hold true to the values in question, inevitably have to end in death, madness or a similar rejection of the world of the living; if we are to be able to say that proper resolve has been demonstrated then these are the only acceptable options.

If there is nothing that is unambiguous then nothing can be made fundamentally meaningful, yet nothing is unambiguous until it is over. The way the author Yukio Mishima (1991), writing explicitly on the subject of tragedy, writes about how the only way to tell if an apple is healthy all the way through to its core is to cut it in half. Applied to people this approach is of course distressing, one cannot be certain of measuring up to the impossibly high standards of tragedy before one is dead. The dead for their part cannot be certain of anything, they are forever removed from the world of the living and from intelligibility. In a purely formal way it is thus impossible to live fully in accordance with the demands of action and tragedy, it is at most possible to die in accordance with them. Either one renounces the world or one renounces tragedy and the values it entails. From the point of view of tragedy, accommodating oneself to the world by even the smallest degree is enough to irrevocably close oneself off from the pure, unconditional realm of the tragic for all time (e.g., Goldmann, 1970, p. 323). Indeed, as Goldmann (Ibid., pp. 388 – 389) shows, acts that may strike contemporary readers as intuitively sensible, such as valuing life over death or even basic common sense are anathema for tragedy. This being the case, how could caregivers ever hope to opt for a choice other than throwing the whole ethical edifice over the figurative edge of the cliff, seeing as the only formally coherent alternative would be death, e.g. throwing oneself off of a cliff. This is after all the completely unreasonable, yet simultaneously indispensable, demand of tragedy. The only way to recuperate anything at all from the values espoused in and through tragedy would thus have to involve something like the kind of letting go or "act of *dépense*" (Halpern, 1991, p. 269) that Halpern describes above, using Bataillean terminology.

I would argue that this irresolubility is also reflected in the realm of the ethical, when the caregivers discuss their situation from a normative point of view, more specifically in the fact that while discussing ethics the caregivers often seemed to take for granted, in an implicit sense, that any ethical framework that one could apply to the situation of caregivers was provisional. As mentioned earlier, it was in fact a common occurrence that participants would preface their accounts by stating, as a kind of disclaimer, that while a particular mode of conduct or a given disposition had worked out well in their case it was uncertain that the same course of action would work out favorably for another family. On the same note, while I do not believe that I once heard the caregivers moralize about each others' behavior, the moralizing posture of non-caregivers on the other hand was often decried. Ethical action was only ever discussed in how it occurred as a response to concrete situations. As one of the caregivers I interviewed put it, the actions that a caregiver may have to take at a given time might be justified right then and there but might prove to be completely unjustified when applied at a later point in time. What was crucial according to the interviewee in question was rather that one makes a decision and acts when circumstances calls one to do so.

But this kind of action offered little sense of closure for the caregivers, with one of the interviewees describing her situation as still being unresolved and up in the air even after years of participation in the group meetings, this being preceded by years during which she struggled with her situation alone. This same caregiver also made clear that she did not expect her situation to ever change. All the same she also told me that she took an active part in the work done by the association organizing the meetings, to the point that she described it as forming a significant part of her life. She also persisted in

caring for her ill adult son, taking care of numerous domestic chores he was unable to handle on his own, all the while also being forced to live in a state of constant vigilance on account of the son's self-destructive tendencies. In other words she very much did take action in dealing with the situation she found herself in, both in her everyday life as a family member and as a member of wider society in working within the association.

At first look the situation this caregiver found herself in, which was not fundamentally unlike that of several other support group participants as far as I could tell, would appear to be somewhat to contain a contradiction in regard to how the situation is perceived as opposed to how it is lived. I would however argue that it is perhaps not so contradictory as it would appear at first look that caregivers seem to be able to simultaneously hold on to a tragic vision and to still persevere in some form of hope against all hope with regard to their situation, as Vernant notes that even among the Greeks the tragic vision was accompanied by a concomitant viewpoint that "is optimistic, for man has his own tasks that he can accomplish" (Vernant, 1988, p. 119), with him positing that the reason that the tragedy of the Geeks still is meaningful for us is that a similar kind of ambiguity that characterized their society also characterizes ours. With the conclusions drawn by Halpern (2017) in regard to the waning of a sense of the tragic and its connection to the matching waning of the possibility of action in mind the coexistence of tragic vision and belief in the need for action posited by Vernant here would seem to fit well with the overall view argued for in this thesis, and with the situation of the caregiver described above; being forced to take action even as no triumph within the world seems to be possible is after all central to situation of the tragic character in her struggles.

6.7. Alternative future approaches

If the conclusions drawn in this thesis prove to hold any worth they might also point us toward other worthwhile ways of studying these matters in the future. To take one example, it occurred to me some time after I had gathered all my research material and settled on my theoretical approach that studying the literary output of caregivers could have been a good supplement for the inquiry of this thesis, not least because of how heavily the argument relies on theory relating to literature and drama. In other words, doing what Goldmann (1970) was doing in *The Hidden God*, a sociology of literature focusing specifically on works written by caregivers about their situation. In addition to this another approach might be to study material published by caregiver's organizations, such as monthly membership magazines or texts they publish online. While conducting my participatory observation I did in fact have the chance to familiarize myself with just this kind of material, encountering a certain kind of genre of text, sometimes structured as an interview, where caregivers are allowed to "tell their story" so to speak. It seems like an obvious point of inquiry if one wanted to conduct an examination of the worldview of caregivers in the style of Goldmann's *the Hidden God*.

7. Conclusions

The subject matter of this thesis might at first look appear to be a quite simple exercise for a sociologist; looking at our subject of study from an abstracted perspective, we have a group of people who exist at the nexus of certain conflicts. Within the family, a conflict arising out of unreason or madness, then as the family situation becomes unbearable a crisis within the family. Then as the family struggles to reorient itself to this new situation we

next have a conflict between family and the surrounding society, which can be split up into civil society and state. Then we have a concept that describes the outlook created by this overall process, namely tragedy. But having stated this we have not said anything about what is actually going on, we have merely posited a number of relations between abstractions.

Therefore it was necessary to, firstly, attempt to draw the connections between all of these concepts and, secondly, to explain the development of these conceptions as their material basis has shifted throughout time. Now, this could of course only be done in broad strokes within the purview of this thesis and I have therefore relied on the work of earlier writers to sketch what might be called an outline of the subject. It is surely no coincidence that Goldmann has come to the conclusion that a sociologist engaging in this kind of analysis cannot ever hope to "end up with an exhaustive meaning and explanation" (Goldmann, 1980, p. 70), since what I have termed concepts in this thesis and what Goldmann for his part calls "processes of structuration" (Ibid.) are always mediated through other concepts or processes from the get-go. If we accept that concepts are historically contingent we have to give up hope of ever finding a truly definite, primordial or stable basis for them.

With this in mind it would be massively arrogant to think that by isolating and describing some of the ways in which the situation of the caregivers can be understood we have somehow figured out or even solved the situation the caregivers face, this is of course absolutely not the case. In fact, if anything definite can be said about the conclusions drawn in this thesis it is that no easy solutions seem to be imminent, as I have mentioned earlier the caregivers were well aware that there were still a great deal of work to do if families were to

be able to care for their kin in the way they clearly wanted to. While the most immediate issues to be solved might very well be located within the institution of psychiatry I hope that this thesis can give an intimation as to how even some of the most fundamental ways in which contemporary society is constituted affect the situation the caregivers find themselves in. The caregivers cannot simply sit down and wait for the great tides of history to sweep away all the troubles they face. As the previously mentioned interviewee put it circumstances do in fact make their own demands in the moment. Even conceding that it looks likely that their situation will have to remain in some way unsolved until the relationships between family, state and civil society shift radically this does not mean that their situation will remain static. Remaining static is not possible for them. Even irresolvable situations must be dealt with in some way, even provisionally held ethics call on one to take action.

8. References

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